

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - Maplewood		STREET ADDRESS, CITY, STATE, ZIP CODE  550 Roselawn Avenue East Saint Paul, MN 55117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49618</p> <p>Based on interview and record review, the facility failed to provide pharmacy services for one of one resident (R1) reviewed for medication administration. R1 did not receive her oxycodone (pain medication) when it was available in the facility's medication dispensing kit.</p> <p>Findings include:</p> <p>R1's admission record printed on 5/14/24 indicated R1 was admitted to the facility on [DATE] with a primary diagnoses of falls, generalized deconditioning, and left gluteal hematoma. R1's additional diagnoses included contusion of lower back and pelvis, repeated falls, dementia, psychotic disturbance, mood disturbance, anxiety, chronic kidney disease stage 3, muscle weakness, and difficulty walking.</p> <p>R1's minimum data set (MDS) dated [DATE] indicated R1 had a brief interview for mental status (BIMS) score was 14, indicating she was cognitively intact.</p> <p>R1's pain documentation on 4/22/24 at 10:23 a.m., indicated R1 had a pain score of eight out of ten.</p> <p>R1's pain documentation on 4/22/24 at 12:06 p.m., indicated R1 had a pain score of four out of ten.</p> <p>R1's provider communication dated 4/22/24 indicated certified nurse practitioner (CNP)-A ordered oxycodone 5mg tablet with the directions of give 2.5mg by mouth every four hours as needed for seventy-two hours, then reduce to every eight hours as needed for right foot fracture and pain.</p> <p>R1's progress note dated 4/22/24 at 3:53 p.m. written by registered nurse (RN)-A indicated R1 received a new order from the CNP for oxycodone to give 2.5mg every four hours for seventy-two hours, then reduce to every eight hours as needed for right foot fracture and pain.</p> <p>R1's pain documented did not have any pain assessments between 4/22/24 at 12:06 p.m. and 4/23/24 at 12:38 p.m.</p> <p>R1's pain documentation on 4/23/24 at 12:38 p.m., indicated R1 had a pain score of ten out of ten.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's progress note dated 4/23/24 at 12:38 p.m. written by licensed practical nurse (LPN)-A indicated R1 had a new order for oxycodone to give 2.5mg by mouth every four hours as needed for pain for three days, then reduce to every eight hours as needed.</p> <p>R1's medication administration record (MAR) dated April 2024 indicated R1 received her first dose of oxycodone on 4/23/24 at 4:00 p.m.</p> <p>During my interview with triage nurse (TN)-A on 5/16/24 at 9:44 a.m., TN-A stated the CNP sent the order for oxycodone to the pharmacy on 4/22/24 at 2:22 p.m.</p> <p>During my interview with the pharmacy account manager (PAM)-A on 5/16/24 at 10:20 a.m., the PAM-A stated the script for oxycodone was sent to the pharmacy on 4/22/24 at 2:21 p.m. PAM-A stated the pharmacy staff member entered the script into the pharmacy system on 4/22/24 at 3:52 p.m. and then was verified by the pharmacist at 4:34 p.m. the same day. PAM-A stated the medication left the pharmacy on 4/22/24 at 10:55 p.m. but did not have a delivery slip from the driver due to electronic failure in the pharmacy driver's vehicle. PAM-A stated the facility had oxycodone 5mg tablets in the facility medication dispensing kit. PAM-A stated she would expect the facility to use the medication dispensing kit while they were waiting for the delivery of R1's oxycodone from the pharmacy if they were able to create the correct milligram for the medication. PAM-A stated the facility staff could call the pharmacy to obtain an access code to dispense oxycodone from the medication dispensing kit. PAM-A stated the pharmacy is open twenty-four hours a day to obtain a code to access the medication dispensing kit.</p> <p>During an interview with the director of nursing (DON) on 5/16/24 at 10:48 a.m., the DON stated she would have expected the facility staff to dispense R1's oxycodone from the medication dispensing kit. The DON stated the facility staff should have called the pharmacy to obtain a passcode to dispense R1's oxycodone from the medication dispensing kit while the facility waited for the pharmacy to deliver R1's oxycodone. The DON stated the facility can score the oxycodone to obtain the correct milligram of the oxycodone.</p> <p>A policy and procedure for medication dispensing and the medication dispensing kit was requested and none was obtained.</p>		